

Reimbursement Instructions for Day Care Homes

The claim preparer must enter the program information for only one *claim month* in items 1 through 10. This information should cover the program operations for that month only, unless it is the first or last month of program operations in any fiscal year and contains 10 or fewer operating days; such a month may be added to the Claim for Reimbursement for the appropriate adjacent month. Claims for Reimbursement, however, may not combine operations occurring in two fiscal years.

All the data submitted on the claim for reimbursement must be actual data. The Department reserves the right to hold a claim for further investigation if its claiming patterns suggest that estimated data are being submitted.

An error or omission on any of the following items may cause a claim to be rejected, resulting in delays in processing the claim and the receipt of reimbursement. See Appendix A-11 for a sample of the Claim for Reimbursement: Child and Adult Care Food Program, Actual Count Claiming Method for Sponsors of Independent Centers (CACFP-I).

The sponsor's claim preparer must follow these instructions for reporting meal data and submitting a claim for reimbursement to the CNFS office:

- Item 1. **Agreement Number, Name and Address:** Place a preprinted label in the space provided on the original claim form. The labels provided by CDE are for use on the claim for reimbursement only. If the sponsor runs out of labels, type or print the agreement number, name, and address in the space provided. Name or address changes must be approved by the NSD before use on the claim form.
- Item 2. **Month/Year:** Enter the two-digit month and four-digit year the claim covers, *not* the month the claim was prepared. The month and year must be reported numerically as shown in the following examples:

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December 2003 = 1122003

January 2004 = 012004

Item 3. **Claim Type:** Mark the appropriate box. One box must be checked.

- A. An original claim** is the first claim that is submitted to CNFS for a claim month. Actual data must be reported. No estimates or projections will be accepted. An original claim returned to a sponsor by CNFS for correction is still an original claim when resubmitted. Please indicate a resubmitted claim by writing the word “correction” on the top of the corrected claim form.
- B. An adjusted claim** is any claim that is submitted subsequent to the original claim containing verified changes to previously reported data. The figures on an adjusted claim replace the originally reported figures. The claim preparer must complete the *entire* claim to reflect both the data that have changed and the data that have remained as originally reported. If previously reported data need to be deleted, please indicate this by placing a zero in the appropriate space. In addition, complete items 1, 2, and 3B and complete the certification section.

Note: A sponsor may submit only two adjusted claims per claim month. Adjusted claims that reflect increases in meals served must be submitted by the claim submission deadline.

- C. No reimbursement will be claimed this month (zero claim)** refers to those months the program is inactive and no reimbursement is being claimed. Completion of items 1, 2, and 3C and the completion of the certification block are required. A zero claim must be completed and submitted for each inactive month. Sponsors temporarily closed for the summer or for several consecutive months may submit zero claims in advance.

Item 4. **Do not complete.** This item is for CDE use only.

Item 5. **Do not complete.** This item is for CDE use only.

- Item 6. **Number of Days Program Meals were Served this Month:** Enter the number of days that program meals were served during the claim month. If reporting as a sponsoring organization, enter the highest number of days of service by any one site.
- Item 7. **Number of Approved Sites That Operated This Month:** Enter the number of approved active sites by tiering category for the claim month. To be active, a site must serve at least one meal during the claim month. The number of sites claimed cannot exceed the number of sites approved by NSD. All site additions/deletions must be approved by submitting a "Site Change Request Form" prior to claiming reimbursement.
- Item 8. **Average Daily Participation:** Using daily meal count records for all approved sites, add up the number of participants who consumed at least one meal or supplement in the claim month, and divide by the highest number of days food was served.

Enter the average daily participation and separate by provider type (i.e., Tier I Homes, Tier II Homes, and Tier II Mixed Homes). Sum across to calculate total average daily participation (ADP).

*Example: A total 863 Tier I children divided by 21 days equals 41.1. Round **up** to 42. For this example, the figure 42 should be entered in item 8 Tier I. Tier I, Tier II, and Tier II Mixed ADP's should be added to calculate the Total Average Daily Participation.*

Always round the average daily participation up to the nearest whole number.

- Item 9. **Program Enrollment:** Enter the total number of children by tiering category who consumed at least one meal during the claim month and who have an enrollment or eligibility form on file. Sum across to calculate total enrollment.
- Item 10. **Meals Served:** Enter the total number of documented meals served during the claim month by tiering category and meal type. Sum across by meal type to

calculate total meals served.

Item 11. **CCFP Administrative Expenses for this Month:** Report all the allowable costs identified in the agency's administrative budget as expenses (See section 562 in the *Day Care Homes Administrative Manual*). The costs that are shared by CACFP and other funding sources must be prorated to determine the amount chargeable to CACFP. Time-study reports for labor and proration formulas for other costs must be on file. The amount reported must be based on actual allowable expenses, not on the approved administrative budget or administrative reimbursement rates. The reported amount may not be less than one dollar and must be rounded to the nearest whole-dollar amount.

Item 12. **Child and Adult Care Food Program Administrative Income for this Month:** Report the amount of State Meal reimbursement used for administrative expenses. (Refer to section 512 in the *Day Care Homes Administrative Manual*). Also, report the amount of government monies (i.e., federal, state, and local, excluding CACFP federal reimbursement) restricted to food program administrative costs, any other funding, and any cash donations specified for CACFP that were received for the claim month. Include reimbursement for an organization-wide audit in the month it is received. The funds borrowed from the sponsor's general fund to pay food service costs or expenses on a temporary basis must be documented and clearly identified as a loan to be repaid when the reimbursement is received. This type of transaction is not income. In addition, do not report state meal reimbursement issued to providers. Documentation of the use of state meal reimbursement must be retained for audit purposes.

Note: The Department determines the amount of administrative costs used in the computation of federal administrative reimbursement by deducting the income reported in item 12 from the expenses reported in item 11.

Certification: Before a sponsor may submit its claim, this section must be completed. Enter the printed name and telephone number of the person preparing the claim and the preparation

date. An original signature of an authorized official is required along with his or her name and title. The signature of the authorized representative must be in ink. Only original signatures will be accepted.